EARCH HIGHLIGHT

Socio-economic Series 05-027

HOMELESSNESS, HOUSING, AND HARM REDUCTION: STABLE HOUSING FOR HOMELESS PEOPLE WITH SUBSTANCE USE ISSUES

INTRODUCTION

The purpose of this study was to investigate the effectiveness of innovative housing programs for persons who are homeless or at risk of homelessness and who use substances (e.g. drugs, alcohol or other substances). The research specifically examined which housing interventions and factors that incorporate a harm reduction approach best help this population access and maintain stable housing.

Three research questions were addressed:

1. How effective are innovative or alternative residential housing programs for homeless people with substance use issues, especially those that incorporate high-tolerance or harm reduction into a supported living environment?
2. To what degree is secure and stable housing crucial to successful substance use treatment models?
3. Do harm reduction strategies, as part of supportive housing, enhance the stability and longevity of housing tenure for homeless people with substance use issues?

TERMINOLOGY

Harm reduction

Harm reduction is defined as an approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours, for the person, the community and society as a whole, without requiring abstinence. This study makes a distinction between approaches that are primarily a "tolerance of consumption" and approaches that actively engage clients in making positive changes in their lives.

> Harm reduction implies that it's not merely management of one problem (e.g. in a way that a disease like diabetes would be treated) but takes the broader context into account and includes other behaviours that create harm in the lives of people. The approach is based on getting people to invest in the idea that their lives can be different. Reducing consumption of substances is a goal only if the client identifies it as such.
>
> *Ottawa Inner City Health Project (OICHP), Ottawa*

Housing first

In this study, "housing first" is defined as the direct provision of permanent, independent housing to people who are homeless. Central to this idea is that clients will receive whatever individual services and assistance they need and want to maintain their housing choice. The housing is viewed primarily as a place to live, not to receive treatment.

METHODOLOGY

The researchers undertook a literature review and profiled 13 initiatives in Canada, the U.S. and the U.K. Twelve of these projects are providing housing and services to people who are homeless or at risk of homelessness and who use substances. A thirteenth program was in the planning stages. All the projects incorporate a harm reduction approach.

Canada

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HOME TO CANADIANS

Information for the case studies was obtained through interviews with service provider personnel most knowledgeable about the program. In addition, the researchers sought to obtain written documentation about the initiative, such as annual reports, policies, and evaluations, if available. The researchers also conducted face-to-face interviews with 33 individuals who were living in (or had lived in) housing provided by the case study agencies and/or were receiving services from these agencies. Interview guides were used for all interviews.

FINDINGS

Eight of the programs provide housing in buildings dedicated to their target population or a similar clientele. With four other programs, the housing units are integrated within non-profit or private rental buildings that serve a mix of tenants (e.g. scattered sites), or the program provides a mix of options (See Table 1). In one of these programs, the sponsor agency purchased 22 condominium units and rents them to their clients. Another program is planning to develop a new building to be dedicated to the target group.

In all 13 of the case studies profiled (see Table 2), the agencies work to actively engage their clients in making positive changes in their lives. Some of the approaches used include motivational interviewing (to help clients enhance their motivation to address their substance use issues), focusing on the strengths and capacities of each individual—rather than on their limitations, and providing the necessary support and information to help clients reduce their substance use or to use more safely. As stated by one agency, the approach is one of "persistence" rather than "insistence".

Answers to research questions

1. Based on a review of the literature and the programs profiled in this report, a harm reduction approach combined with supportive housing can be an effective way to address the needs of homeless people who are dealing with substance use issues.
2. The literature is clear that effective treatment for homeless people with substance use issues requires "comprehensive, highly integrated, and client-centred services, as well as stable housing".[1] Housing is essential both during and following treatment. The literature review also found growing evidence that supported housing is essential *regardless* of treatment. In the programs profiled in this report, safe and secure housing was identified as a key factor that makes it possible for residents/program participants to address their substance use issues and to become abstinent, reduce their substance use, or reduce the negative impacts of their use.
3. The programs profiled in this report found that the participants had undergone a number of positive changes since they became involved. One of the most frequent changes noted was stable housing tenure. Using a harm reduction approach which provided for flexibility and focused on the individual needs of each client was identified as a key factor for success.

Agency Key Informants

The programs described in the case studies are effective in addressing the needs of people who are homeless and have substance use issues. All the agency key informants reported that their clients have undergone positive changes since becoming involved in the project. The most frequent changes noted were around housing stabilization, substance use, physical and mental health, and income. The agency key informants also reported that some of their clients were participating in employment training, while others had returned to school. In addition, some clients were able to develop social networks and/or re-establish contact with their families.

When asked what they thought were the most effective services they provided, almost all the agency key informants identified housing. Housing provided the safety and security that made it possible for people to begin to reduce their substance use. Housing also provided a base for the residents to form friendships, get to know and respect themselves, develop and establish their own networks, and become connected to the community.

[1] Kraybill, Ken, Suzanne Zerger and National Health Care for the Homeless Council. 2003. *Providing Treatment for Homeless People with Substance Use Disorders, Case Studies of Six Programs.* National Health Care for the Homeless Council. p. 16 Available online at: www.nhchc.org.

Agency key informants also identified the following as reasons for success:

- a harm reduction approach—which provides the context for flexibility and a "client-centred" approach in working with program participants/residents;
- flexible and intensive case management—based on a trusting and respectful relationship, including a relationship that helps provide hope, optimism and real opportunities for moving beyond homelessness;
- a high level of support—particularly being available in the evenings and on weekends;
- the role of staff—their approach, attitude of helpfulness and way in which they treat participants with respect;
- collaboration among agencies—particularly between the housing and service providers;
- connections with community services—to help participants get involved in community activities and be able to contribute to the community;
- social activities for the program participants/residents—including communal meals; and
- stable funding.

Resident/program participants

The information provided by the agency key informants is supported by what the residents/program participants had to say. When asked about the factors most responsible for the changes in their lives, the most frequent response was housing—having a place to live. Participants also discussed how the support they received from the case study agency was responsible for the changes in their lives. Participants indicated that they value staff who are friendly, caring, supportive, responsive, helpful and compassionate. They want to be treated with respect, "like a person". They identified a need for staff to be well-trained and knowledgeable about their issues. They also stated that experience is important—experience working with the target population and also real-life experience.

> The focus is "empowerment" with an emphasis on the strengths and capacities of the person rather than the substances that they consume.
>
> *Services à la Communauté (CDC), Montréal*

When discussing what was important to them in terms of their housing, participants indicated that they want affordable housing in quiet neighbourhoods away from drug dealing but accessible to public transportation, amenities and services. It is clear that a range of housing options is necessary to meet the needs of the target group. While some individuals prefer the anonymity and strictly "landlord-tenant" relationship that occurs with scattered site housing, others prefer the camaraderie, group activities and sense of community that is available in dedicated buildings.

While both agency key informants and residents/program participants discussed the importance of housing and support, it is the *combination* that holds the key to success. There had been times in their lives when the residents/program participants had been housed, but without success. Most housing providers would never house them again. What makes the case study initiatives documented in this report so compelling is their degree of success in helping the participants to turn their lives around.

The changes are especially remarkable, given how little *demand* is placed on clients to engage in programs or transform themselves. However, the relationship between staff and their clients is not hands off. While participation in services is always voluntary, staff work to engage clients and encourage their participation in service planning, external treatment and service use. Perhaps the element of choice is another key to success. As suggested by a key informant, giving clients the treatment they want, allows them to select the treatment they need. At the same time, the study shows that no single model or approach will meet the needs of every person.

> Hearth Connection considers it easier and more beneficial to incorporate support services and focus on other root causes of harmful and risky behaviours when participants are housed than when they are on the street or in a shelter and struggling to survive. "Housing first", however, does not mean "support second." Participants are supported from the time they first enrol in the program while still homeless, through the housing search, and then for as long as needed after they are housed.

QUESTIONS FOR FURTHER RESEARCH

A number of questions emerged from this research that merit further study. These include:

- What are the advantages and disadvantages of dedicated housing compared to a scattered sites approach, and under what circumstances will it be more advantageous to choose one approach over the other?
- What are some of the best ways to help people who have been homeless develop social networks and become integrated into the community?
- What are some successful strategies for dealing with the co-existence of residents who are abstinent (particularly those who are newly abstinent) with those who aren't?

CONCLUSIONS

Perhaps the most significant finding that emerges from this study is the degree of success that can be achieved with the "housing first" approach. The case studies show that most people who are homeless, even if they have substance use issues and concurrent disorders, can be successfully housed directly from the street if they are given the right supports when they want them.

While there is need for a range of housing options and services to address homelessness, this research recommends that policies and programs for addressing homelessness should be expanded to allow for a "housing first" approach so that people who are homeless can have direct access to permanent housing, with supports as needed and wanted.

This report further recommends that policies and programs for addressing homelessness be based on the principle of "putting the client at the centre". This means providing people who are homeless with choices about their housing. It also means questioning whether the distinction between "permanent" and "transitional" housing continues to be useful, if there are any reasons for housing programs to impose time limits regarding a resident's length of stay, and if so, under what circumstances. If the goal is to end homelessness, the results of this study make it clear that, for many people who are homeless, a "housing first" approach would in many instances make this possible.

The term "hard-to-house" should be put to rest. The interviews show that homeless people with complex needs can be housed successfully, as long as they have the right kind of support that meets their needs. The participants were clear about what is important to them. They want to be treated with respect. They don't want to be treated as a number. It is also important to consider their strengths. One participant pointed out that the people in her building are "vibrant and wonderful. It is important to recognize this".

There is increasing awareness of the concept of harm reduction, yet it is not widely understood. This report recommends greater education and information about harm reduction and how it can work. The researchers believe that a better understanding of the approach and its positive impacts will mitigate some of the misinterpretation and negative perceptions. As more policy makers are informed about the potential for harm reduction to achieve positive outcomes, this approach should receive greater support and acceptance.

Perhaps what is especially significant in the findings from these case studies is that if solutions can be found for this population—those with complex needs and who have the longest history of living on the streets—then perhaps key elements that distinguish the case studies, such as "housing first" or a client-centred approach, can be applied to address the needs of other people who are homeless—people who are newer to homelessness and who are not confronted by the multitude of problems that persons described in this report deal with on a daily basis.

Table 1: The 13 Case Studies showing Type of Clients served and Type of Housing used

Project	Type of clients	Type of housing	Number of units	Type of unit	Type of provider	Scattered Site vs. Dedicated[2]
Canadian						
1. Princess Rooms, Vancouver	• Single adults—men and women • Chronically homeless with high rates of repeat shelter use, complex health needs, challenging behaviours, and histories of evictions. • Most have a mental health diagnosis, substance use issues and a concurrent disorder	Transitional. No maximum length of stay.	45	Private bedroom with kitchenette. Shared bathroom	Non-profit	Dedicated
2. Eva's Satellite, Toronto	• Youth (16-24) • Homeless • Most are actively using drugs and/or alcohol and are unable to access mainstream, abstinence-based youth shelters	Shelter. No maximum length of stay	30	Shared	Non-profit	Dedicated
3. Canadian Mental Health Association, Ottawa	• Most are single men and women • Some families with children • Homeless or at risk • Serious mental illness and, in many instances, substance use issues (i.e. concurrent disorders)	Permanent	80	Most are self-contained	Non-profit Private rental Condos[3]	Mostly scattered sites
4. Ottawa Inner City Health Project, Ottawa	• Single adults—mostly men • Chronically homeless • Complex health needs and challenging behaviours. All have physical needs related to substance use and mental health issues.	Full range from short-term to permanent	No fixed number	Mix of options: Shared and self-contained	Non-profit	Dedicated and scattered sites
5. Services à la Communauté (CDC), Montréal	• Single adults—men and women • Homeless • Substance abuse issues	Permanent	No fixed number	Mix of options: Shared and self-contained	Non-profit	Dedicated
6. Chambreclerc II, Montréal	• Single adults—men and women • Chronically homeless • Mental illness and a substance abuse disorder	Permanent	24 rooms	Private bedrooms. Shared kitchens and bathrooms	Non-profit	Dedicated

[2] The entire building is dedicated to the target population or a similar clientele.

[3] Owned by the program sponsor, CMHA, and rented to their clients.

Table 1: The 13 Case Studies showing Type of Clients served and Type of Housing used (Cont'd)

Project	Type of clients	Type of housing	Number of units	Type of unit	Type of provider	Scattered Site vs. Dedicated
U.S.						
7. Lyon Building, Seattle	• Single adults—men and women • Homeless • Have two of the following three diagnoses: HIV/AIDS, mental illness and substance use issues	Permanent	64 units	Self-contained	Non-profit	Dedicated
8. Supportive Housing and Managed Care Pilot (SHMCP), Minneapolis	• Families with children • Single men and women • Long histories of homelessness and high service utilization • Homelessness is exacerbated by other issues such as medical problems, mental illness, chemical dependency, and histories of trauma	Permanent	144 house-holds served	Self-contained	Mostly private rental; some non-profit	Mostly scattered sites
9. Anishnabe Wakiagun, Minneapolis	• Single adults—men and women—Mostly American Indians • Formerly homeless, mostly from the streets or detox facilities • Most are affected by late stage chronic alcoholism	Permanent	40 rooms	Private bedroom. Share bathrooms. Facility provides meals	Non-profit	Dedicated
10. Pathways to Housing, New York	• Single adults—men and women • Chronically homeless persons with mental illness • 90 per cent have a substance abuse disorder	Permanent	500 tenants	Self-contained	Private	Scattered sites
United Kingdom						
11. Heavy Drinkers Project, Manchester	• Single adults—men and women • Many are homeless and have long histories of unsettled accommodation • Long-term heavy drinkers	Permanent	36 places	Mix of options: Shared and self-contained	Non-profit	Dedicated
12. In Partnership Project, Blackburn	• Youth—single women (16-25) • Most have had very chaotic lives • Substance use issues	Transitional—2 year maximum	17 units	Self-contained	Non-profit	Dedicated
Planned Project						
13. Situation Appropriate Supportive Housing (SASH), Halifax	• Single adults—men and women • Homeless • Experience significant impairment because of a mental illness and co-occurring substance use issues • Transitional (no maximum length of stay)	Emergency units	25 units	Transitional are self-contained. Emergency units have private bed/bathrooms	Non-profit	Dedicated

Table 2: Model of service delivery used in each case study

Project	Model of service delivery	Harm reduction approach and substance use
Canadian		
1. Princess Rooms, Vancouver	Modified version of ACT/intensive case management. 24 hour on-site staffing. Also incorporates motivational interviewing[4], the strengths model (which focuses on clients' resources and abilities), psychosocial rehabilitation, stage-wise case management, comprehensiveness, life skills and social skills.	Uses harm reduction as a set of beliefs, principles and strategies to help residents minimize the harms associated with high-risk behaviours. This includes helping residents move to less harmful substances and reduce their use. Triage also supports residents wishing to enter substance use treatment.
2. Eva's Satellite, Toronto	Focuses on respecting the individual dignity and self-determination of all clients, making client-driven referrals and decisions, explaining decisions to clients with clarity and respect, maintaining client confidentiality, and providing appropriate services and programs.	Approach involves developing an honest and trusting relationship with each youth, engaging with the youth and supporting them to take one step at a time, and informing youth of ways to stay healthier and reduce the harms associated with their lifestyle and substance use. The goals are to help clients stay safer and healthier by making useful choices for themselves.
3. Canadian Mental Health Association (CMHA), Ottawa	Short and long-term intensive case management available until 10:00 p.m. 365 days/year. Services are flexible and portable—they follow clients wherever they live. Intensity varies according to the client. Incorporated motivational interviewing. Delivered where the client wants—at home or on the street.	Encourages clients to reduce their use or move to less harmful substances.
4. Ottawa Inner City Health Project (OICHP), Ottawa	Services offered are on multiple levels—the first is health care—the primary goal of OICHP. Includes whatever elements are needed to stabilize and improve the health of the client, which can range from offering safe alcohol to treatment of medical conditions. Other services are based on the goals of the client. Partner agencies can be included to help meet these goals. Long-term support for those with severe or persistent mental illness is available through Canadian Mental Health Association or the ACT programs.	Harm reduction implies that it's not merely management of one problem (e.g. in way that a disease like diabetes would be treated) but takes the broader context into account and includes other behaviours that create harm in the lives of people. The approach is based on getting people to invest in the idea that their lives can be different. Reducing consumption of substances is a goal only if the client identifies it as such.
5. Services à la Communauté (CDC), Montréal	Varies by project. Most buildings have permanent staff but rely on community and public agencies for services such as health.	The focus is "empowerment" with an emphasis on the strengths and capacities of the person rather than the substances that they consume.
6. Chambreclerc II, Montréal	A range of services is offered, some in the project itself (e.g. recreation activities, common meals) while others are part of the network of services in the downtown area (e.g. health services). Work is done on an individual level between staff and clients. Staff are present an average of 21 hours/day.	Approach is to have residents begin to recognize the impact of their consumption and help them to find ways to reduce the problems related to the consumption. Harm reduction is understood as: reduce consumption, change consumption habits (e.g. move away from hard drugs, safe disposal of used syringes) or ensure that there is not an increase in use. The process is understood to be a long-term project with likely relapses and difficulties.

[4] "Motivational Interviewing is . . . a popular method of intervention within the field of drugs and alcohol. It is considered by many to be an effective tool for working with people with "compulsive" or "addictive" behaviour. Motivational Interviewing is a client-centred approach that strategically directs clients to examine, explore, and resolve the ambivalence they have about their behaviour . . . (It) works on the assumption that people have implicit attachments to the behaviours they engage in..." www.smmgp.demon.co.uk/html/articles/art004.htm

Table 2: Model of service delivery used in each case study (Cont'd)

Project	Model of service delivery	Harm reduction approach and substance use
U.S.		
7. Lyon Building, Seattle	Community support case management. Three components: Case management from referring provider agencies; on-site clinical support services; and a flexible residential program designed to promote housing success. Motivational interviewing is used to help tenants address their substance use issues.[5] 24 hour on-site staffing.	The goal is to help tenants reduce the harmful effects associated with substance use and foster a relationship where staff and tenants can work together to establish "therapeutic rapport" and develop strategies to reduce substance use. Staff deliver a consistent message to encourage tenants to make changes in their lives to reduce their use of substances, move to less harmful substances, or enter treatment. One of the staff mottos is "persistence rather than insistence".
8. Supportive Housing and Managed Care Pilot (SHMCP), Minneapolis	Case management. Services are flexible, creative and depend on each participant's goals. One provider team uses a modified version of ACT. Some provider teams hire staff from a variety of disciplines e.g. nursing, social work, psychology, or will assign staff as experts in a particular area, such as substance use, mental health or harm reduction. Depending on the individual or family, staff use techniques such as stages of change[6] and motivational interviewing to engage participants to reduce harm in their lives.	Participants are always encouraged to cut down on their use. Substance use is never condoned, but providers are sensitive to how difficult addiction is and how it is often intertwined with participants' mental and emotional health. Providers work closely with participants to make sure they understand how their use is harmful, not only to their health, but how it may impact their family, friendships, housing, and employment.
9. Anishnabe Wakiagun, Minneapolis	A case manager focuses largely on health and medical issues. Helps clients access the most appropriate services. Aspects of the program and services are specifically designed to reflect the values of Aboriginal people. Two staff are on duty at all times—24 hours/day.	Wakiagun residents may drink in their own rooms, but may not drink in any of the building's public spaces or outside on the grounds, and they are not permitted to drink with friends who come to visit. The use of drugs in the building can result in immediate discharge and Wakiagun does not permit possession, use or distribution of illegal drugs.
10. Pathways to Housing, New York	ACT team, made up of social workers, nurses, psychiatrists, and vocational and substance abuse counsellors who are available 7 days a week, 24 hours/day. Clients can choose the frequency and type of services they receive. Team also includes a housing specialist to coordinate housing services. Housing and treatment are closely linked but separate. Clients may accept housing and refuse clinical services.	No requirement of sobriety or psychiatric treatment is imposed on clients, but support is offered by ACT teams. Relapses are normal and should be expected.

[5] This approach is designed to help tenants address their ambivalence and explore options for changing their behaviours regarding substance use.

[6] Stages of change are, "(F)undamental stages through which individuals typically progress when making behavioral changes: precontemplation, contemplation, action, and maintenance of change." http://vhaaidsinfo.cio.med.va.gov/aidsctr/safer-sex/ss16.htm

Table 2: Model of service delivery used in each case study (Cont'd)

Project	Model of service delivery	Harm reduction approach and substance use
United Kingdom		
11. Heavy Drinkers Project, Manchester	The focus is on providing support to develop life skills, address alcohol issues, and discuss needs and aspirations. Staff act as coordinators for other services and are on site 24 hours/day. Work is also undertaken on supporting residents to access statutory services.	Demands are not made for residents to stop or reduce their alcohol use. Instead residents are supported to address issues such as housing, health, social networks, family, and occupation. Residents are encouraged to look at the impact of alcohol use, move to other less harmful types of alcohol and, over time, reduce consumption.
12. In Partnership Project, Blackburn	One-to-one or group work sessions. Services delivered by staff or external partners. The framework for support is the Structured Day Program that is tailor-made for each resident.	Approach is to help the residents move to safer use of substances (e.g. clean needles). The focus is not on rehabilitation and detox, but more on getting the women ready for this, if they desire.
Planned Project		
13. Situation Appropriate Supportive Housing (SASH), Halifax	Plan to use case management approach where each resident will be assigned to one staff person as their primary contact and case manager. The strategy will focus on integrating health care and social service resources and doing "what works" at a particular time with a particular individual. As with its other buildings, MNPHA also plans to implement a community development approach. The goal is to have three staff on duty at all times—24 hours/day.	Plans to "accept people where they are at", and to provide housing with very few demands. There will be no expectations that residents participate in recovery programs or take their medications if they don't want to. MNPHA hopes that residents will want to engage in these activities, but will not require them to do so.

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